



TEXAS DEPARTMENT OF HEALTH  
MILK & DAIRY PRODUCTS DIVISION  
MILK TANK TRUCK APPLICATIONS

Budget: 7B711

Fund: 114

Return this completed application, inspection sheet and payment to: TEXAS DEPARTMENT OF HEALTH, MILK & DAIRY PRODUCTS DIVISION, 1100 WEST 49TH STREET, AUSTIN, TEXAS 78756-3182. *For question concerning permitting process call 512-719-0260.*

**FAILURE TO PROVIDE ALL INFORMATION REQUIRED BY LAW WILL DELAY PERMITTING**

Complete in Full (Print or Type):

Name under which business is conducted (DBA): \_\_\_\_\_

Location Address: \_\_\_\_\_  
*Address City County State Zip Code*

Mailing Address for billing purposes: \_\_\_\_\_  
*Mailing Address City State Zip Code*

Full Name of Owner(s): \_\_\_\_\_

Telephone Number and contact person regarding permit/billing questions: \_\_\_\_\_

**If you own more than one milk tank truck, a separate permit is required for each truck. In addition, include the following information for each milk tank truck:**

Vehicle Identification Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Address Where Truck is Based: \_\_\_\_\_  
*Address City County Zip*

**FEE SCHEDULE FOR MILK TANK TRUCKS**

**Fee is determined by inspection date of milk tank truck. Use the below dates to determine the correct fee.**

**\*\* September 1 thru February 28 or 29 fee to pay is: .....\$100.00**

**\*\* March 1 thru August 31 fee to pay is: ..... \$ 50.00**

***NOTE: Application, inspection sheet and check must be obtained in this office prior to issuance of permit stickers.***

**VERIFICATION:** I swear or affirm that the above statements are true and correct. I further certify by signature hereon, that I am not currently delinquent in the payment of any corporation franchise taxes owed the state of Texas under chapter 171, tax code; nor am I delinquent in the payment of any child support owed under chapter 232, family code. I further certify that I have read & understood the applicable provisions and requirements of Chapter 435, Texas Health and Safety Code, and the rules and regulations as promulgated by the Board of Health of the State of Texas and agree to abide by them.

**CHECK TITLE**

\_\_\_\_\_  
*Signature of owner, president or corp. designee  
(cannot be manager)*

G Owner

G Partner

\_\_\_\_\_  
*Date*

G President

G Corp. designee - copy of resolution must accompany application

\_\_\_\_\_  
*Printed Name of Applicant*